

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10-595252</div>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
201		①						
202		①						
203	1		1					
204		1						
205		1						
206		3						
207		①						
208		①						
209	1		1					
210		1						
211		2						
212	1		1					
213		1						
214		2						
215	1		1					
216		1						
217		2						
218		2						
219		2						
220		①						
221		①						
222		①						
223	1		1					
224		1						
225		1						
226		1						
227		2						
228		①						
229		①						
230	1		1					
231		1						
232		2						
233		①						
234	1		1					
235		1						
236		2						
237		①						
238		①						
239		①						
240								
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245								
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247								
248								
249								
250								
TOTAL IND.	17	↓	17	↓		↓		
TOTAL DEP.		←	222	←		←		
TOTAL CLAIMS			239					
151								
152								
153								
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198								
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200								
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10595252

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		0		1		
102		0		1		
103		0		1		
104		0		1		
105	1		1			
106	1		1	1		
107		2		1		
108		2		1		
109		0		1		
110		0		1		
111		0		1		
112		0		1		
113		0		1		
114		0		1		
115		0		1		
116		0		1		
117		0		1		
118		0		1		
119		0		1		
120		0		1		
121		0		1		
122		0		1		
123		0		1		
124	1		1			
125		1		1		
126		2		1		
127		2		1		
128		0		1		
129		0		1		
130		0		1		
131		0		1		
132		0		1		
133		0		1		
134		0		1		
135		0		1		
136		0		1		
137		0		1		
138		0		1		
139		0		1		
140		0		1		
141		0		1		
142		0		1		
143	1		1			
144		1		1		
145		1		1		
146		1		1		
147		4		1		
148		4		1		
149		4		1		
150		4		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151		4		1		
152		0		1		
153		0		1		
154		0		1		
155		0		1		
156		0		1		
157		0		1		
158		0		1		
159		0		1		
160		0		1		
161		0		1		
162		0		1		
163		0		1		
164		0		1		
165		0		1		
166		0		1		
167		0		1		
168		0		1		
169		0		1		
170	1		1			
171		1		1		
172		1		1		
173		1		1		
174		4		1		
175		4		1		
176		4		1		
177		4		1		
178		4		1		
179		0		1		
180		0		1		
181		0		1		
182		0		1		
183		0		1		
184		0		1		
185		0		1		
186		0		1		
187		0		1		
188		0		1		
189		0		1		
190		0		1		
191		0		1		
192		0		1		
193		0		1		
194		0		1		
195		0		1		
196		0		1		
197	1		1			
198		1		1		
199		1		1		
200		3		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-595,252

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		3				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20	1		1			
21		1				
22		1				
23		3				
24		0				
25		0				
26		0		1		
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
35		0				
36	1					
37		1				
38		1				
39		2				
40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		0				
53		0				
54	1		1			
55		1				
56		1				
57		2				
58		0				
59		0				
60		0				
61		0				
62		0				
63		0				
64		0				
65		0				
66		0				
67		0				
68		0				
69	1		1			
70		1		1		
71		2				
72		2				
73		0				
74		0				
75		0				
76		0				
77		0				
78		0				
79		0				
80		0				
81		0				
82		0				
83		0				
84		0				
85		0				
86		0				
87	1		1			
88		1				
89		2				
90		2				
91		0				
92		0				
93		0				
94		0				
95		0				
96		0				
97		0				
98		0				
99		0				
100		0				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						